

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 02/28/02.
 - b. The request was received on 06/10/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. TWCC-62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFAs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/19/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/22/02. The response from the insurance carrier was received in the Division on 08/02/02. Based on 133.307 (i) the insurance carrier's 14 day response is untimely. The carrier's initial response was received on 07/01/02 and will be utilized.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/04/02
 “We are requesting resolution regarding payment denied to provider by carrier for DOS 02/28/02 for code 22830. Code was denied as Global,[sic] Per TWCC all are to use 94 GSD book and the 96 MFG to audit & pay bills by. 63042 is our primary procedure which is a re-exploration of a laminotomy, foraminotomy previously done, etc [sic] 22830 is an exploration of a fusion mass. These are 2 seperate [sic] procedures and are clearly not global.”
2. Respondent: Letter dated 02/27/02:
 “...**CPT 22830 represents exploration of spinal fusion per the CPT code Book. CPT 22830 is billed in conjunction with CPT 63042 re-exploration.** This code, CPT 22830 was denied global.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/28/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer. Per the provider’s TWCC-60, the amount billed is \$3,500; the amount paid is \$0.00; the amount in dispute is \$1,669.00.
3. The carrier denied the billed services by code, “G – U693 – BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURE BILLED. (U693).”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/28/02	22830	\$3,500.00	\$0.00	G	\$3,338.00	CPT descriptor; Global Service Data for Orthopaedic Surgery book	The GSDOS book does not indicate that CPT code 22830 is global to the primary procedure CPT code 63042. Therefore, reimbursement in the amount of \$1,669.00 is recommended.
Totals		\$3,500.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1,669.00 .

The above Findings and Decision are hereby issued this 13th day of November 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,669.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of November 2002.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/dmm